If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.)

the duties of the household only (not paid Housekeepers engineer, Stationary freman, etc. But in many cases, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton If retired from (b) Auto-

unqualified. is indefinite); Tuberculosis of lungs, menin-Lobar pneumonia, Bronchopneumonia spinal meningitis"); Diphtheria (avoid use of "Croup"); CAUSING DEATH (the primary affection with respect to Typhoid fever (never fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the DISEASE and causation), for the same disease. Examples: using always the same accepted report "Typhoid pneumonia"); ("Pneumonia, Cerebrospinal

ence. All the dather certificate is

genital," on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as "Puerpenal peritonitis," etc. State eause for which birth or misearriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvalur heart discose; Chronic interstitial "Tumor" for malament neoplasms); Measles: Whooping on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull to determine definitely. Examples: Accidental drowning. surgical operation was undertaken. For violent deaths cause. "Anaemia" (merely symptomatic), rent) affection need not be stated unless important. If this certificate is looked ever thoroughly and all quesde to be certified and has exercised before the obtained before certified a derivative of the certified and has be obtained before the certified and has the obtained before the certified and has the obtained before the certified and has the obtained before the certified and certified and the certified and the certified and the certifi Always qualify all diseases resulting from child-"Coma," "Convulsions," "Senile," ctc.), The contributory (secondary or intercur-"Dropsy," "Debility" Never report mere "Atrophy," "Exhaustion," ACCIDENTAL, ("Con-

STATE OF MARY PHYSICIANS t statement of CERTIFICATE OF Registration Dist. No. If death occurred a hospital or institution. give its NAME instead of etreet and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. PERMANENT BINDING WIDOWED (Month) (Day) OR DIVORCED RTIFY. That I attended deceased 6 DATE OF BIRTH pino (Day) (Month) If LESS than 7 AGE and that death occurred on the date stated above, a 1 day, hrs. O OR min. ? d OCCUPATION
(a) Irade, profession, or particular kind of work. suppli (b) General nature of industry business, or establishment in F which employed (or employer) 9 BIRTHPLACE Contributory ESI Secondary (State or country) 10 NAME OF RENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME PA OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, OR RECENT RESIDENTS 13 BIRTHPLACE le the At place OF MOTHER (State or country) State. of death yra. msc. .... Where was disease contracted. should state CA if not al piece of death?... of Former or usual residence DATE OF BURIAL 20 UNDER ADDRESS Cay Leans REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

& yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy loborer, Farm laborer, Laborer or the second statement. Never return "Laborer," "Toreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiwrite None. engineer, Stotionary fireman, etc. But in many cases, applies to each and every person, irrespective of age For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, very important, so that the relative healthfulvarious pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lebar pneumonia, Bronchopneumonia ("Pneumonia," meningitis"); Tuberculosis of lungs, meninginal preumonia, indefinite); Tuberculosis of lungs, meninginal preumonia ("Pneumonia");

lapse," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetorus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL replicharmia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marzs-mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere cough; Chronic "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinomo, Sarcoma, etc., of ..... head—homicide; Struck by railway train-occident; Revolver wound of to determine definitely. Examples: Accidental drowning: cause. Example: Measles (disease causing death), 29 ds.; rent) affection need not be stated unless (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, The contributory (secondary or intercurvalvulor heart disease; Chronic interstitial Poisoned by corbolic acid—probably "Convulsions," "Debility" "Exhaustion," ACCIDENTAL, important. ("Con-Bron-

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

35

APR 4 1985

V. S. No. 1

state infor-

item of

1. PLACE OF DEATH

St., Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Month) (Day) (Year)  22. I HEREBY CERTIFY, That I attended deceased from 1935, to 1935 death is said to have occurred on the date stated above, at 1935 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Other Ceatributery Causes of Importance:  What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury.  Nature of injury  Nature of injury	No.  f death occurred in a hospital or institut		stead of street and	
MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Month)  (Day)  (Year)  22. J HEREBY CERTIFY, That I attended deceased from 1935, to 1935, death is said to have occurred on the date stated above, at 539A m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onest  Other Centributery Causes of Importance:  What test confirmed diagnosis?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Natu				103
21. DATE OF DEATH March  (Month) (Day) (Year)  22. J HEREBY CERTIFY, That I attended deceased from 1935, to March 1935 death Is said to have occurred on the date stated above, at 539A m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Other Ceatribatery Causes of Importance:  What test confirmed diagnosis? Was there an autopsy? Months of the confirmed diagnosis? Was there are autopsy? Months of the confirmed diagnosis? Date of injury, 19  Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of Injury  Nature of injury	St., Ward.	If nonresident gi	ve city or town and	l State
(Month) (Day) (Year)  22.	MEDICAL C	ERTIFICATE	OF DEATH	
I last saw harmal alive on Target 28 1930 ; death is said to have occurred on the date stated above, at 3390 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Other Coatributery Causes of Importance:  Other Coatributery Causes of Importance:  Name of operation  Name of operation  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of Injury  Nature of injury  M. D.	21. DATE OF DEATH		(Day)	, 193 (Year)
What test confirmed diagnosis?  23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify eity or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of Injury  Nature of injury  15. Accident any way related to occupation of deceased?  If so, specify  (Signed)  M. D.	I last saw ham alive on I	1935, to m	1005	, 1936
Other Centributery Causes of Importance:  Other Centributery Causes of Importance:  What confirmed diagnosis?  23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify eity or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of Injury  Nature of injury  14. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.		'H and related causes	of Importance	10.1
Other Contributory Causes of Importance:  Name of operation				Date of onset
Name of operation	Chy active to	o Sulmo	nary	1933
What test confirmed diagnosis?	1	ortance:	Lnyn	18 mo
What test confirmed diagnosis?	Name of operation		Data of	
23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?				autonsy? No
Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.	23. If death was due to external cau Accident, suicide, or homicide? Where did injury occur?	ses (VIOL ENCE) fill I	n also the following	g: , 19
If so, specify (Signed)				
(Address Hy allsvells Med	If so, specify 1	ay related to occupati	on of deceased?	M. D.
	(Address) 26	yallson	lle May	

Registrar. If more blanks are needed, address State Registra

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evample I

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

22xampie 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Section V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

RD. Every item of infor-

1. PLACE OF DEATH

County Prince George

	ence: No. 4015	(Usual place of abode)	St.,Ward.
	1	TICAL PARTICULARS	MEDIC
Female	4. COLOR OR RACE	or DIVORCED (write the wor	
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divorced	ewitson	22. A HER
6. DATE OF BIRTI	(month, day, and year)	Eng 22, 1877	2   I last saw h LA alive
7. AGE Y	62 Months	Days If LESS th	-hrs. The PRINCIPAL CAUSE O
SAWYE	fession, or particular work done, as SPINNER, ER, BDOKKEEPER, etc	Housewife	Commo
Work w	r business in which vas done, as SILK MILL, IILL, BANK, etc	/	
10. Data decerthis occyear)	asad last worked at cupation (month and	11. Total time (years) spent in this occupation	
12. BIRTHPLACE ( (State or co	city of town) _ 2 2	e William Ce	Other Contributory Causes
13. NAME X	elleam H.	Phone	
	CE (city or town)		Name of operation What test confirmed diagn
I	IAME alice M	Were	23. If death was due to exte
	CE (city or town)	a	Accident, suicide, or homic
17. INFORMANT (Address)	Mes John 1	4 Brodus	Specify whether injury occ
P	hick I'm	Dathick 19	Manner of Injury
Fair	fay to. HK	3 Merries	24. Was disease or Injury i
19. UNDERTAKER (Address)	Wash D. C		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03150
11	Registration Dist. No. 2-46
Ut Raine J- Brent 4000	No. 4015 Wells are St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Sara L Broders	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MAN (Pay) (Year)
the Heivitan	22. HEREBY CERTIFY, That I attended deceased from 19. 19.34 to MWS 19. 19.35
1, day, and year) aug 22, 1872	I last saw h. Lt. alive on Make 19, 19.35; death is said
Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
or particular one, as SPINNER, Housewife	Common Bill duct
ss in which as SILK MILL, NK, etc	
worked at (month and spent in this occupation	
OWN) Prince William Co.	Other Centributory Causes of importance:
am H. Phine	
or town)	Name of operation Date of  What test confirmed diagnosis? Was there an autopsy?
Clice M. Wine	23. If death was due to external causes (VIOLENCE) fill in also the following:
or town)	Accident, suicide, or homicide?
John H. Broders	(Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, In HDME, or In PUBLIC PLACE.
REMOVAL  Dathick 19 , 1981	Manner of injury
ch. D.C. nerros	24. Was disease or Injury in any way related to occupation of deceased?
., 19 35 /Fary hally fl. on Registrar.	(Signed) 10 m - Mollow M. D.  (Address) M. J. Ramble Like

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

white ... 34 H we

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of enilepsu 1915 1 weck ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastrocnteritis May 1,1923 1 year

V. S. No. B

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03151
1. PLACE OF DEATH	
county Truce Leorgist	Registration Dist. No. 40
Village or City Prandyour.	No. St., Ward
Length of residence in city or town where death open resp. 6 yrs. 8 mos	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME arthur Oleveland	6 moun
(a) Residence: No. Pyrandywne Ju	ASt., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Turk / 193 5 (Year)
5a. If matried, widowed, or divorced HUSBAND of (OT)-WIPE-91  July Brown	HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) O 44-19-66  7. AGE Years Months Days If LESS than	I last saw how elive on Reb 78 , 1935; death Is seid
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER Carpenter	Cerebral House Plans Date of onset 2/19/3.
Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month end 9/35 spent in this occupation 25/pm	
12. BIRTHPLACE (city or town) Oungamy (State or county) Maryland	Other Contributory Causes of importance:  Urling Ocherones  Och 1978
13. NAME / howas Ef moun	
13. NAME / howard to rown  14. BIRTHPLACE (city or town) Fundum  (State or country)	Name of operation
15. MAIDEN NAMES arafa Coole	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) decided (State or copyrty)	Accident, suicide, or homicide?
17. INFORMANT Lya Trouve	Where did injury occur?  (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Vallating The Date / Mar. 3, 1933	Nature of Injury
19. UNDERTAKER Lay W. Jacher. (Addipss) Garly May	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Mar 1-, 1925 Mis. J. R. Smith. Zocal Registrar.	(Signed) old 6. Ververs M. D. (Address) Pyraudywill, and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	L.
Date of onset	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	RECEIVED	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Julyő,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN				
	ì,			

-	E 8	1
-	IAI	)

-WRITE PLACE, WITH UNFADING INK-THIS IS A PERMANENT RECTO. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-ALY, WITH UNFADING INK-THIS IS A PERMANENT RE. MARGIN RESERVED FOR BINDING N. B.-WRITE PLA

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1	S Z	
	'n	
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1. PLACE OF DEATH	B-CERTIFICATE OF DEATH
County V unce Slorges	Registration Dist. No. 42
Village or City	
1+.001 A	mosds. How long in U.S.If of foreign blrth?yrsmosd
2. FULL NAME SULLANT	(amp)
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Fenale Colored S. SINGLE, MARRIED, WIDO OR DIVORCED (write the	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
20 / 10 /	, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, end yeer) March 19, 19	I last saw h; death is sa
7. AGE Years Months Days If LES 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and year) occupation coupation.	To both
12. BIRTHPLACE (city or town) Lanhur (State or country)	Other Coutributory Causes of Importance:
13. NAME Henry blutner Carl	
13. NAME Henry Watney Comp  14. BIRTHPLACE (city or town)	Warm of streetling
14. BIRTHPLACE (city or town)	Namo of operation Date of
15. MAIDEN NAME Mars Parkers	What test confirmed diagnosis? Was there an au'opsy? Was there an au'opsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?
17. INFORMANT Henry Confo (Address) Landha	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lunham Md Date Mch. 21	Manner of injury
19. UNDERTAKER William Parker (Address) Lambam, md.	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 3 - 21 - , 1935 Mrs. John W. How	(Signed) Henry Some M.  (Address) Borne

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis-	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Prime Clearse	Registration Dist. No. 2 3/
Village or City Blademburs	No. St., Ward
	osds. How long in U.S. if of foreign birth?yrsmosds
(a) Residence: No. ) Bladens bern (Usual place of abgle)	L. St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATHWAYN 5 193 5 (Month) (Day) (Yeer)
HUSBAND of Charles W. Chase	22. 1 HEREBY CERTLEY, That I attended deceased from  130, to Man 15 1935
6. DATE OF BIRTH (month, day, and yeer) Suph. 1872	I last saw how alive on 3/13 19,52; death is said
7. AGE Years Months Days If LESS than 1 day,hrs ormin.	more se follows.
8. Trede, profession, or particular kind of work done, as SPINNER, Honey Roll of the land of work done, as SPINNER,	Date of onset
SANTER, BUUNKEPER, etc	Chum Myraudilis 1928
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importence:
5	- Chima Mepherlie 1932
13. NAME William Beskitt  14. BIRTHPLICE (city or town)	Name of operation Dete of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME JOHN WITH	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Office (city or town)  16. BIRTHPLACE (city or town)  (State or county)	Accident, suicide, or homicide? Date of injury
17. INFORMANT (Address) Bladeusbyry	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Congruen Cem. Date 3/100, 1935	Manner of Injury
19. UNDERTAKED Henry of Washington	24. Wes disease or injury in eny way related to occupation of deceased? The
20. FILED MAN 18, 1935 Kelen Stack	(Signed) Imam Jan M. D.  (Address) Day Man M. D.
If more blanks are needed, address State Registrar	2227 N. Charles Street Belinner Handling 71 C. No.

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County D. Registration Dist. No. CTLY, (If death occurred in .....Ward) Village or City a hospital or institustated EXAC properly class of certificate. tion, give its N'AME in stend of street and number.) PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED. 0 WIDOWED. Q OR DIVORCE may n bad Write the word ... (Day)... (Month) I HEREBY CERTIFY. That I attended the deceased from a (Month) (Day) (Year) (If LESS than and that death occurred on the date stated above, at 7 AGE I day hrs. OF min.? 8 OCCUPATION (a) I rade, profession or Z Š particular kind of work Ö (b) General nature of industry a business, or establishment in (Durstion) 2 which employed or (employer) Contributory 9 BIRTHPLACE Secondary (state or country) (Duration) 10 NAME OF 11 BIRTHPLACE Causing Death, OF FATHER \*State the l'iscase or, in ENT Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. S (State or country) CAU 12 MAILEN NAM 0: 13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 4 90. ients or Recent Residents) 0 13 BIRTHPLACE In the At plane State. WO OF MOTHER of death \_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. (State or Country) Where was disease contracted, 0 7 it not at place of dea.h?... 14 THE ABOVE IS TRUE TO THE BEST Former or statement usual residence .... 2 (Address d If more banks are needed, addre. s tate negistrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

BINDING

ESERVED

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MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); I phoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

(secondar, or intercurrent) affection need not be streed unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E.:haustion," "Heart failure," "Haemorrhage, Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic valvular Always qualify all heart

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1315.)
1. PLACE OF DEATH	93-2
County	Registration Dist. No. 20 H S
Village or City of Soull	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city on fown where death occurred yrs mos	
2. FILL NAME Our giania to ofile	6 Aland
(a) Residence; No. / Plucy A	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Much 7 193 5
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) 2 1848	I last saw harmalive on State 1955 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 3. P. m.
along 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Myrundyly & Chronic. 1436
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	Duration: seven years. Cuffe.
O 10. Date deceased last worked at this occupation (month and spant in this	
this occupation (month and spent in this occupation coupation	
12. BIRTHPLACE (city or town) New Orleans	Other Contributory Causes of importance:
(State or country)	Shulita
13. NAME Tobert Copeland	
14. BIRTHPLACE (city or town) Rich mad.	Name of operation
(State of Country)	What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME Darah. ym heac	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT WAS CARREST AND AND THE GALLET	Specify whether injury occurred In INDÚSTRY, In HOME, or In PUBLIC PLACE.
18. BORIAL, CREMATION, OR REMOVAL Touth and	Manner of injury
I Proceed with 6 ling Date Mar 9, 19 20	Nature of Injury
19. UNDERTAKER M. Lieb	24. Was disease or injury In any way related to occupation of deceased? No
(Address) North of La are Balte.	Med specify .
20 FILED March 1, 19 35 Mms Jas, Some	(Signed) My M. D.
Registrar.	(Address) Agerllarll My
if more viants are needed, address state Registrar,	2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
10 2 10 3 W				
THE HOLL HE		THE OF A THE MINISTER BY DAVID AND A STATE OF THE STATE O		

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03156
1. PLACE OF DEATH	93-2
county hince verges	Registration Dist. No. 232
Village or City / Tosarybille	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Thomas Court	too
(a) Residence: No. Rosary ville	Mard. Mard.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTYCAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
male Culared Widowed	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Mary Countee	22. HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) 1855 - June 1,	I last saw har alive on money 9 193 5 daath is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at6P_m.
79 9 20 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importanca wara as follows:
8. Trede, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona as SILK MILL	Date of onset
	Chronic My ocurditio
SAW MILL, BANK, etc	V
12. BIRTHPLACE (city or town) nottingham Dist.	Other Contributory Causes of importanca:
(State or country) 1. 4. Co. 1 Md.	
I	
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Matilda Williams	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
(State or country) Md.	Whara did injury occur?
17. INFORMANT Pacina Harper (Address) Posaryville Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Brook md Date learly 19.25	Manner of injury
19. UNDERTAKER Artchie Brothers (Address) When marloss mol	24. Was disaase or Injury in any way related to occupation of dacaased?
20. FILED Maidy 2405 Many first.	(Signed) William At. Yobbons M.D. (Address) Crown md
If move blanks are moded address State Parish	N. Charles Court Politics P. 1971 C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	1 2 7
H.	
No.	
σi	

HYSI-	1 PLACE OF DEATH	STATE OF MARYLAND
A) II	County Pr. 2400	CERTIFICATE OF DEATH
,Y,		Registration Dist. No. 23
RECO d EXAC rly clar floate.	Village or City Mulled (No. ,,	St.; Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Stated properlif	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MANE And be ay be	MARRIED, WIDOWED OR DIVORCED MACOUNT (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY. That I attended the deceased from
PH H	6 DATE OF BIRTH	Jan 6 - 1985, to Will 30 , 19030.
BINE IS A ACE that that	(Money) (Day) (Year)	What I last saw h windlive on Mille. 1-30/
HIS ed	AGE If LESS than I dayhrs.	The CAUSE OF DEATH is was as follows:
wppli suppli	B OCCUPATION	applied.
NK INK Sain 1	(a) Trade, profession or harmonic particular kind of work.	Fixe blood fremme
SER OING areful in pii	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
III ( ) A	BIRTHPLACE (State or country) Ind	Contributory Secondary  M. D. Pulled Duration yrs. mos. de.
TH U hould OF DIS ver	10 NAME OF FATHER Pouglas	(Signed) M.D. M.D.
Tion sl	11 BIRTHPLACE OF FATHER (State or country)  Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suleidal or Homicidal.
NE N	a 12 MAIDEN NAME OF MOTHER Collins Longe	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
20	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrsmosda, State,yrsmosda.
RITE tem of should ent of	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant). ally daylas ju	Former or usual residence.
1. Very V	(Address) April Jul	19 PLACE OF BURIAL OR REMOVAL CATE OF BURIAL
No.	File April 1st 1985 - Army B. Coulee	20 UNDERTAKER LODRESS
> z(T)=	If more blanks are needed, address State Registrar,	16 W Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the er," etc., without more precise specification as Day state occupation at beginning of illness. If retired from ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-(a) Foreman, (b) Automobile factory. The material should be used only when needed. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient. e. g., Farmer or Planter, capation is very important, so that the relative health-Civil engineer, Stationary fremen, etc. But in many fulness of variou pursuits can be known. The ques-Statement of Occupation-Precise statement of ocapplied to each and every person, irrespective of For many occupations a single word or term on or At Home, and children, not gainfully em--Coal mine, etc. Wom-As examples: (a)

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid puenmenia"); Lober pneumonia, Bronchopneumonia ("Pneumonia,"

> head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse Poisoned by earbolic acid—probably suicide. The na train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DUATHS STATE MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inaultion." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatie), "Atrophy," "Collapse," "Coma," "Couconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Meastes; ing a peritonacum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men "Puerperal septicaemia," "Puerperal peritonitis," etc. "Uraemia," "Weaknes." etc., when a definite disease vulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvulur "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Mcastes (disease heart disease, (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PLAIMLY, WITH UNFADING INK-THIS IS A FERMANENT MECKET, SHOULD state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	EC
1. PLACE OF DEATH.	92-0)	58
County Okenser Leonge	Registration Dist. No. 230	7
Village or City Bercogn	NoSt.,	Ward
(If Length of rasidence in city or town where daath occurred ##O_yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and not also how long in U.S. if of foreign birth?	
this me	Sweet	)us.
2. TOLE MAINE		
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR BACE OR DIVORCED (white the word) That	21. DATE OF DEATH March 29  (Month) (Day)	193 5 (Yaar)
5a. If married, widowed, or divorced HUSBAND of Hillemena L. K. Deoger	22. Jany 1924 to Mex 29	aceased from
6. DATE OF BIRTH (month, day, and year) Jacey 2. 1868	met 20 he	: death is sald
7. AGE Yaars Months Days If LESS than	to have occurred on the date stetad above, at 4.100 m.	
6 4 2 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	Datastand
8. Trada, profassion, or particular kind of work dona as SPINNER, Golds Lilian Sawyer Roughteper etc.	artrio selevous	Date of ensat
SAWYER, BOOKKEEPER, etc.	Naemaphlegia	1924
Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, etc	6	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and 92 4 spent in this occupation)	Chrone Widolarallis	1933
12. BIRTHPLACE (city or town) Coashing to	Other Contributory Causes of importance:	
(State or country)		
14. BIRTHPLACE (city or town) Coashing in		
4 14. BIRTHPLACE (city or town) Coshenger  (State or country)	Name of operation Date of	7.
(State of country)	What tast confirmed diagnosis? Was there an au	
16. BIRTHPLACE (city or town) washing to	23. If daath was due to external causes (VIOLENCE) fill in also the following:  Accidant, sulcida, or homicide? Date of Injury	
∑ (State or country)	Whara did injury occur? (Specify city or town, county and State	
17. INFORMANT Melhemen L. K. Dwyer (Address) Berong	Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	ĆE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury	
Place It Tomaska My Date Defirit 1-, 19.35	Nature of injury	
19. UNDERTAKER 7. Gaselia Sura (Addiass) Hyallenike Mid	24. Was disease or injury In any way related to occupation of dacaasad?	No
20. FILED Mich 31-19 3 John Smill	(Signed) Alluce Had	M. D.
If more blanks are needed address State Registrat.	2422 N. Charles Street Relatinger Demontro 71 C. No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonilis	3 days ago	
	l.			
Other contributory causes of importance:		Other contributory causes of importance:	THE PART OF	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 112159
1. PLACE OF DEATH	92-0
County Prince Leane	Registration Dist. No. 746
Village or City PM. Painur, Mis	No. 3739 34 th St., Ward death occurred in a horpital or iostitution, give its NAME instead of street and number)
	death occurred in a hospital of logitudion, give its IVAIVIE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & lizabeth Elans	
(a) Residence: No. 3739 345 (Usual place of abode)	St.,Ward.  If nonresident give city or towo and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the Gord) Wildered	21. DATE OF DEATH  Mark  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced  HUSBAND of (or) WIFE of Juremish Elmo	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dept. 11, 18/21	I lest saw her elive on March 3 193 death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et 10. Kokm.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Jacobse Que Returned 9. Industry or business in which work was done, as SILK MILL, Johnson Melking SAW MILL, BANK, etc.	Solvenico Myocarlotos Date of origent 1438
10. Date deceased last worked at this occupation (month and year) occupation occupation	
12. BIRTHPLACE (city or town) - (State or country) & Baerall Co. Margham	Other Coutributory Causes of importance:  Character Pulmonery Technologies 1915
13. NAME John Gartrell  14. BIRTHPLACE (city or town) barroll loo (State or country) many load	Makerculous completely expected before decensed moved anto manylande des lettes from Dr. Hoston &/14/1935.  Name of operation non (in mile Cole's f. Date of Date of What test confirmed diagnosis? Spellin Was there an au'opsy? 200
15. MAIDEN NAME Ruth Gornell	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) familles. Manylant	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Slagamin Elins (Address) 373 9 3xtt of not Rainerth	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE CAShington Date 3/3 ,1935	Manner of injury
19. UNDERTAKER W. W. Dawline (Address) 866 H-48	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED 3/3 , 1955 - Harry hall M. N. Registrar.	(Signed) M. D.  (Address) 5-12 13 UE
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other importance or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WUNDAU V. S.	·		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
	1		

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING ARGIN RESERVED WRITE PLAINLY, WITH

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(108)
County Thinks	Registration Dist. No. 240
Village or City Chelleuham	No. House of Repormastrue Ward
	death occurred in a horpital or institution, give it NAME instead of street and number)  24 ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Emanuel Emms	
(a) Residence: No. 1103 Whatevat St B	abto. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MAK 20, 1933 5
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22.   HEREBY GERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mar. 13, 1918	I last saw h Ma alive on Mch 20 1925; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at _6m,
//   Ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	A J P
9. Industry or business in which work was done, as SILK MILL, of suse of Raffor -	Topus Valumonia
work was done, as SILK MILL, A STATE OF SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Saltanove, Ma. (State or country)	Other Coatributory Causes of Importance:
13. NAME James Ennis	
14. BIRTHPLACE (City or town). Balto.	Name of operation Date of
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ada Emis	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME ada Emmo  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
E (State or country)	Where did injury occur?
17. INFORMANT John B. Tyles, Sufst, (Address) of Chaltenham Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Hullen Lun Date Mu 77-1931	Nature of Injury
19. UNDERTAKER J. J. J. Syley Supit. (Address) & heltenham Med.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Mar. 22, 1925- Mrs. J. H. Smith. Registrar.	(Signed) William H. (Woods M. C. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state AD. Every item of infor-Exact statement of OCCUPA-WHITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REG CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

FOR BINDING

ARGIN RESERVED

V. S. No

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03161
1. PLACE OF DEATH	106-0
County Trince Learges	Registration Dist. No. 248
Village or City / yeath wille	No. St., Ward
20 0 kg (H	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ignatius Casanice	TemoreR
(a) Residence: No. 56 Columbia avenue	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (write the word)	The Date of Beath
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of Cor) WIFE of Page 1	1 HER EBY CERTIFY, That I attended deceased from
Tear C. Tenwick	MM 17 ,1935, to Mur 4 ,1975
6. DATE OF BIRTH (month, day, and yeer) Nov. 3, 1850	last saw harm alive on Thing the 1925; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
84 4 1 day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
8. Trade, profession, or particular Tree surgery with	acute bronchiles 3/1/33
kind of work done, as SPINNER, Dietrich Lovernmer	///
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
9 · 1 · 10 1 ·	Other Contributory Causes of importance:
12. BIRTHPLACE (city or towny. Multiple of Country) (State or country)	-arriver sources
E Diffi D	
14. BIRTHPLACE (city or town) A Statute of Columbia	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy?
H	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) Margana Maryland (Stete or country)	Accident, suicide, or homleide? Date of Injury, 19
Chano (1) no I 1	Whera did injury occur?(Specify city or town, county and State)
17. INFORMANT AUCLES Wallace Jenner of (Address) 3304-22 pt NE Wash. D.C.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place perseture Date & March, 19 1935	Nature of injury
Maral's Francisco	
19. UNDERTAKER TO Mariland Age Heratton Of Mad	24. Was diseese or injury in any wey related to occupation of deceased?
and the state of t	(Signed) A COULT OM. D.
20. FILED Masch J., 1935 Ma Care Resistrar.	(Address) Ky ells ville M.
	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2000

RD. Every item of infor-PHYSICIANS should state of OCCUPA. AGE should be stated EXACTLY. PHYSICIANS LY, WITH UNFADING INK-THIS IS A PERMANENT RE ARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of marion should be carefully supplied. V. S. No.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(1) 100
County Prince Leargin Co	Registration Dist. No. 245
Village or City Joy allo-kolle	NoSt.,W(If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME FORWARD AS TON Y	VAITE FULLER
(a) Residence: No. 3 6 Frank Clin A	VESt., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Unach 15th
a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Micerce Circle Fulle	22. I HEREBY CERTIFY, That I attended deceased fr
1. M. of 21 18 x	193 , to mak 15 , 193
DATE OF BIRTH (month, dey, and year) March 2 / 8  AGE Years Months Days If LESS that	I lest saw have elive on, 1931; death is s
1 2 4 I day,hrs	to have occurred on the date stated above, et
Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, Newhopen Ourses	angua Prelon Mel
9. Industry or business in which	4.
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased lest worked at	
this occupation (month and year) - 11 spent in this 40 occupation	Cer
a property of the select	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	- a tour Schlassin 193
13. NAME The Herry Fuller  14. BIRTHPLACE (city or town) Uselly the DC	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? O Was there an au'opsy?D
15. MAIOEN NAME Josephins Lowe Level  16. BIRTHPLACE (city or town) - Cresh of Republic	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) - Classe & Carlo	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
7. INFORMANT Elever of A Filler Iv	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 1 7 att will with	- Opening whether mighty occurred in industria, in nome, of in Public Place.
B. BURIAL, CREMATION, OR REMOVAL	Mannay of Inline
Place Fat thereof M Date March 18 193	Manner of injury
0 -0 + 5	Nature of Injury
Taille office .	24. Was disease or injury in any way releted to occupation of deceased?
9. UNDERTAKER CASEA	
9. UNDERTAKER (Addiess) / Lyatlewille with	If so, specify
	(Signed) Las Chaums M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Juty 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			14

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to c.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, ctc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (6) Grocery;

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(E:haustion," "Heart failurc," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory valvular heart disease; Always qualify all

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

infor-	state UPA-	1. PLACE OF DEATH	CERTIFICATE OF DEATH 03164
		county Ir, Gerraes	Registration Dist. No. 440
) item	should of OCC	William On 10 0 t - Pl	No. Atomic of Relations St. two Ward death occurred in a horpital or institution give its NAME instead of street and number)
	NS T	Length of residence in city or town where death occurred. 2yrs, 10. mos.	
Kverv	IA)	2. FULL NAME Gordon Giles	
a di	rysi	(a) Residence: No. 5-26 W. Sampole (Usual place of abode) Bal	St., Ward.  If nonresident give city or town and State
	Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T L	Z.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mole 28 , 193 35 (Month) (Day) (Year)
BINDING	X A C T I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. M. HEREBY CERTIFY, That I attended deceased from
BIN		C DATE OF BIRTH (mostly days and most a	I last saw h by alive on MCV 2 1970 death is early
P. B	stated E properly certificate	6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	to have occurred on the date stated above, at 10 Ac. m.
FOR IS A	stated properlertifica	1 17 10 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
- W	e st	9 Trade profession or postinutes	were as follows: Data of onset
ED		SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	
RV L	should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	001000
RESERVED G INK-THE	E sh t it on	10. Date deceased last worked at mattery 11. Total time (years) spent in this occupation (month and year) occupation.	Well Rofar Meuniania
. 2	oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Baltimore (State or country)	Other Contributory Causes of Importance:
ARGIN	supplied n terms, ee instru	- There can be	
3 5		I TO THE WALL	N
<b>小</b> 图	TO	14. BIRTHPLACE (city or town)	Name of operation Date of
N N	full n pl	15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
×	be carefully EATH in pla important.	15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
	ld be ca DEATH y impor	(State or country)	Where did injury occur?
PLA	Pan	17. INFORMANT Julian 13. Jules, Supt	(Specify city or town, county and Slate) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
[P	E .	18. BURIAL, CREMATION, OB REMOVAL Bala, mad agail	Manner of Injury
		Place / / Date / /, 1979	Nature of injury
U	mation CAUS TION	19. UNDERTAKER Mo, George Co. Holland (Address) 163/Durid Cill	24. Was disease or injury in any way related to occupation of deceased?
V. S. 1		20. FILED Mar, 28-, 1935, Mrs. J. M. Smith L	(Signed) Illiam IT I bo mi M. D.  (Address) Somme man
Since	ed wi	the grandemothely more blanks are needed, address State Registrar, 2	
	Buss	in Penties 1:21 210 Samela C	1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

i	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

	JO J	shoul	tem o	(M)	/
	tement c	ICIANS	. Every i		1
	Exact sta	PHYS	RECARD	•	
	ssified. 1	CTLY.	ANENT	DING	
state.	erly class	ed EXA	A PERM.	ARGIN RESERVED FOR BINDING	
of certy	be prop	be stat	HIS IS	ED FO	
on back	it it may	E should	INK-T	ESERV	
tructions	ns, se tha	ied. AG	PADING	GIN R	
See ins	lain tern	ly suppli	TH UNI	AAR	-
nportant.	ATH in 1	e careful	ALY, WI		
s very in	OF DE	should b	E PLAR		
LION	CAUSE	pration	-WRIT	0.1	
THOU IS VETY IMPORTANT. See instructions on back of certificate.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	partion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of		

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 03165
1. PLACE OF DEATH	46-6
County France Teorge	Registration Dist. No. 276
Village or City Totlatwood	No. 4111 Sheets ask Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number)  108. How long in U.S. If of foreign birth?
2. FULL NAME William Smith	Hamployd
(a) Residence: No. 4/1/1 Sheeth. Cure	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced	21. DATE OF DEATH  March  (Month)  (Day)  (Year)
HUSBAND of Mystle of Hamford	22. De I HEREBY CERTIFY. That I attended deceased from 1997, to Man Ch. 10, 19
6. DATE OF BIRTH (month, day, and year) Seft 17, 1856	I last saw h. Amalive on Minch 9, 19.35; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
18 Ft 3 23 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as pollows:
8. Trade, profession, or particular kind of work done, as SPINNER, ASWYER, BOOKKEPER, etc	Carcinona Julistine 1934
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  **Technology of the state	3
10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	Ament Phillippin Dec.
13. NAME Ciddison / Fansford	F3V
13. NAME (Moleson / Tansford  14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsys
15. MAIDEN NAME (melia Smith) 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State of county)	Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)4/1/ Sheeta are Brentwood	has a
18. BURIAL, CREMATION, OR REMOVAL . Ja. 72.	Manner of Injury
Place principles assistant Date ( ) and 1 and 1 and 1955	Nature of injury
19. UNDERTAKER W.W. Chambers Co. (Address) (5) 7 - 11 - 15	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDIALI 1830 Hally halle MN Registrar.	(Signed) Car Californa M. D.  (Address) M. D.  (Address) M. D.
	27, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Jutil onsof y Caremona when we have a first our him in December
1934 I rotored this large turned man extending from when to finer able
men. In past server months the mass occupied entitle belies.
no authory has die Or points of origin of this condition (to
AMARIAN O

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 03166
1. PLACE OF DEATH	<u> </u>
County Oringe Leage	Registration Dist. No. 23/
Village or City Cheverly	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
· M Tol.	L SE
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 22 , 1935 (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTLEY That I attended deceased from
(or) WIFE of Ora. a. Sarrison	22. I HEREBY CERTIFY That I attended deceased from
B. DATE OF BIRTH (month, dey, and year) Nov. 23 - 1848	I lest saw h 1 M alive on Mar 19, 1935; death is sal
A. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
8-6 17 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Farmer	Landen moder and
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	July San State Sta
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month end 30-mo	
year) occupation	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town)	-
1 1 1 1 1 1 1	
13, WAME Jough Vrarrison	
13. NAME Sazil Starris.  14. BIRTHPLACE (city or town)  (State or country)  Michigan	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy? // W
armina unity	23. If death was due to external causes (VIOL ENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide? Date of Injury, 19
7. INFORMANT Mahel & niekel	Where did Injury occur?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Chenerly no of Burial, CREMATION, OR, REMOVAL	
Place chooleralt nation Mel 24 1935	Manner of injury
	Nature of Injury 97.00
9. UNDERTAKER The aners Josepha Hond	24. Wes disease or Injury In any way releted to occupation of deceased?
(Address) Ayattaville, md.	If so, specify
10, FILED Mar. 24, 1935 Helen Stack	(Signed) All My M. [
Local Registrar,	(Addiess) 17 alvavalle 11/8

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimoro, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1		Example 11	
The principal cause of death and related confimportance were as follows:	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
o teral	1-V. 8-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03167
1. PLACE OF DEATH	(3)
county Orince George - Math	is Jones Jone Registration Dist. No. 245
Village or City News Hyallandl	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
m = 0  0  0	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / auf &. Mayard	21/ 0 0
(a) Residence: No. 33VIII Accorded (Usual place of abode)	St. Was by art . C.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR, RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 11 193 5
5a, If married widowed or divorced	(Month) (Day) (Year)
(or) WIFE of William H Hazard	22. I HEREBY CERTIFY. That I attended deceased from many 9,1935, to Wearch 1, 1935
6. DATE OF BIRTH (month, day, and year) Feb - 14 - 18.50	I last saw h, Malive on March 1, 19 35; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, ate,m.
85 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronics nephritis, Duration not stated. 49/25
Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	apoplexy Probably arterio 3/11/35
O 19. Date deceased last worked at this occupation (month and year)	soleratio in origina
n 116	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	00 . 51
13. NAME anon & Fahan	Chronic Meyo cardetto Duration not
14. BIRTHPLACE (city or town).	Name of operation Oate of
(State or country)	What test confirmed diagnosis?
15. MAIOEN NAME Sorall & Serperce	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Soral & Separate 16. BIRTHPLACE (city or town) - Af-Af-	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT N-L Hazers (Address) 2/5/ Calif At Wash 2)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wash. Doate March 111930	
19. UNOERTAKER M. Chambons (Address) 1420 analysis	24. Was disease or injury in an way related to occupation of deceased?
made Wash Sip	(Signed) Marient Plane M. D.
20. FILEO I LOACK 1, 1988 Mai a Registrar.	(Address) VALALA ALLE, MLR
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the state of t	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EL BERRAU, V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B ż TION is very important. See instructions on back of certificate.

County Transce County Registration Dist. No. 2 H St. War St., War St., War Length of residence In city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. wro. mos. ds. How long in U. S. if of foreign birth? yrs. wro. wro. ds. How long in U. S. if of foreign birth? yrs. wro. wro. ds. How long in U. S. if of foreign birth? yrs. wro. wro. ds. How long in U. S. if of foreign birth? yrs. wro. wro. ds. How long in U. S. if of foreign birth? yrs. wro. wro. ds. how long in U. S. if of foreign birth? yrs. wro. wro. ds. how long i		IND—CERTIFICATE OF DEATH 03168
Village or City	1. PLACE OF DEATH	92:01
Langth of residence in city or town where death occurred.  1. It death occurred in a hospital or inshirition, give in NAME instead of stock and number)  2. FULL NAME.  (a) Residence: No. 2. 37   Continue of above.  PERSONAL AND STATISTICAL PARTICULARS  3. SIXX   COLOR OR RACE   S. SINCLE, MARRIED, WIDOWED, Or DOWN COLOR OR NAME in the world of the continue of the world or the wor	county trence leare co	
2. FULL NAME  (a) Residence: No. 2.37  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED  OR DYDOKED GWITCH the world		Td No. 237 Hill Care Ave St., War (If death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No. 2.37  Counting of abodo)  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  OR DYORCED (write the word)  OR DYORCED (write the word)  OR DYORCED (write the word)  F. DATE OF BRITH (month, day, and yeig)  1. ACE  Years  O Months  Days  If LESS than Industry or business in which side of worked of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which side of worked of the country)  S. BITH MALL, BRITHPLACE (city or town)  (State or country)  S. BITHPLACE (city or town)  (State or country)  1. In RITHPLACE (city or town)  (State or country)  1. In RITHPLACE (city or town)  (State or country)  1. In RITHPLACE (city or town)  (State or country)  1. In RITHPLACE (city or town)  (State or country)  1. In RITHPLACE (city or town)  (State or country)  1. In RITHPLACE (city or town)  (State or country)  1. In RITHPLACE (city or town)  (State or country)  1. In RITHPLACE (city or town)  (State or country)  1. In RITHPLACE (city or town)  (State or country)  1. In RITHPLACE (city or town)  (State or country)  1. In RITHPLACE (city or town)  (State or country)  1. In RITHPLACE (city or town)  (State or country)  1. In RITHPLACE (city or town)  (State or country)  1. In RITHPLACE (city or town)  (State or country)  1. In RITHPLACE (city or town)  (State or country)  1. In RITHPLACE (city or town)  (State or country)  1. In RITHPLACE (city or town)  (State or country)  1. In RITHPLACE (city or town)  (State or country)  1. In RITHPLACE (city or town)  (State or country)  2. Manner of Injury  Ma	Length of residence In city or town where death occurredyrs.	mosds. How long in U.S. if of foreign birth?yrsmosd
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE, MARKED, WIDOWED  ON DIVORCED Curit (the word)  52. If married, widowed, or divorced Highly	(a) Residence: No. 237 Hallow Au	& Brandistood Ward.
3. SEX   COLOR OR RACE   S. SINGLE MARRIED, WIDOWED, OR DEVORCED (write the word) PROPERTY   1935	PERSONAL AND STATISTICAL PARTICULA	
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Contributory Cases of Importance:	Fleeale a a OR DIVORCED (write	DOWED. 21. DATE OF DEATH
19.35   19.3	5a. If married, widowed, or divorced HUSBAND of	(5-1)
S. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Omonths  Days  If LESS than  I day,hrs.  Ormin.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of ones  SWER, BOOKKEFER, etc.  Industry or business in which SAW MILL BAHK, etc.  10. Date decessed last worked of this occupation month end year)  Other Centributery Causes of importance:  Other Centributery Causes of importance:  Other Centributery Causes of importance:  Name of operation.  Other Centributery Causes of importance:  What test confirmed diegnosis?  Was there an autopay?  13. NAME  14. BIRTHPLACE (city or town) (State or country)  Name of operation.  Other Centributery Causes of importance:  Name of operation.  Name of operation.  Name of operation.  Other Centributery Causes of importance:  Name of operation.  What test confirmed diegnosis?  Was there an autopay?  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sucide, or homicide?  Date of Injury  Nature of Injury  (Signed)  OCCUPATION OF REMOVAL  Manner of Injury  Nature of Injury  Nature of Injury  Nature of Injury  (Signed)  OCCUPATION OF REMOVAL  Manner of Injury  Nature of Injury  Nature of Injury  (Signed)  OCCUPATION OF REMOVAL  Manner of Injury  Nature of Injury  Nature of Injury  Nature of Injury  Nature of Injury  (Signed)  OCCUPATION OF REMOVAL  (Address)  No. (Addres	(or) WIFE of John Hicks	
1 day	6. DATE OF BIRTH (month, day, and year)	
8. Trade, profession, or particular kind of work dome as SPHINER, SAW PER BOOKKEPER, etc.  Industry or business in which work was done; as SHLK MILL, SAK, etc. etc.  Industry or business in which work was done; as SHLK MILL, SAK, etc. etc.  In Date deceased last worked et spent in this occupation (offete or country)  I2. BIRTHPLACE (city or town). (Stete or country)  I3. NAME  I4. BIRTHPLACE (city or town). (Stete or country)  I5. MAIDEN NAME  I6. BIRTHPLACE (city or town). (State or country)  I7. INFORMANT  (State or country)  I7. INFORMANT  (State or country)  I8. BURIAL, CREMATION OR REMOVAL  Place  Address)  I9. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  Manuer of injury  Manuer of injury  Nature of injury  Manuer of injury  Nature of injury  Na	30,0	L.
S. Frade, profession, or particular Mind of work done as SPINKER, and done as SPINKER, and done as SPINKER, and done as SPINKER, and done as SPINKER.  Industry or business in which work was done, as SIK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked et spant in this occupation (month end year)  (Stele or country)  12. BIRTHPLACE (city or town)  (Stale or country)  13. NAME  14. BIRTHPLACE (city or town)  (Stale or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stale or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION OR REMOVAL  Place  19. UNDERTAKER  (Address)  20. FILEEL Mass Lab., 19. 25  (Address)  (Signed)  (Signed)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Address)		min. were as follows:
SAW MILL, BARK, etc	8. Trade, profession, or particular kind of work done, as SPINNER,	
SAW MILL, BARK, etc	SAWYER, BOOKKEEPER, etc.	11) 40 car dites; acute, Duration:
12. BIRTHPLACE (city or town) (Stete or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION OR REMOVAL Place  19. UNDERTAKER (Address)  20. FILED Man Label 19. 33  11. Total time (years) spent in this occupation of deceased? II. Total time (years) spent in this occupation of deceased? II. Total time (years) spent in this occupation of deceased? II. Total time (years) spent in this occupation of the Contributory Causes of importance:  Other Contributory Causes of importance	WORK WAS GOING, AS STEEN HILL,	saca days : Sugg.
13. NAME   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION OR REMOVAL   18. BURIAL, CREMATION OR REMOVAL   18. BURIAL, CREMATION OR REMOVAL   19. UNDERTAKER (Address)   19. UNDERTA	10. Date deceased last worked et this occupetion (month end spant in this	s)
What test confirmed diegnosis? Was there an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVAL  Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  20. FILED  20. FILED  20. State or country)  What test confirmed diegnosis? Was there an au'opsy?  22. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  Date of injury  Where did injury occurr?  (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)  (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State) Specify whether injury occurred in industry and State) Specify whether injury occurred in industry and State) Specify city or town, country and specify city or town, country and sp	and better brick (only of town)	
What test confirmed diegnosis? Was there an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVAL  Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  20. FILED  20. FILED  20. State or country)  What test confirmed diegnosis? Was there an au'opsy?  22. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  Date of injury  Where did injury occurr?  (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)  (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State) Specify whether injury occurred in industry and State) Specify whether injury occurred in industry and State) Specify city or town, country and specify city or town, country and sp	II 13. NAME CLED MOUSE	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION OR REMOVAL  Place  Date of injury  Place  Date of injury  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  20. FILED  20. FILED  ACCIDENT PLACE (city or town)  Accident, suicide, or homicide?  Date of injury  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)  M. I	14. BIRTHPLACE (city or town)	
Where did injury occur?  17. INFORMANT. The state of the	# 15. MAIDEN NAME SOOQUE CORTEGE	
Where did injury occur?  17. INFORMANT. The state of the	TO JE PIDTUDI ACE (situ co town)	
17. INFORMANT (Specify city or town, county and State) 17. INFORMANT (Address) 23 7 + Clear Ave Steer (Address) 23 7 + Clear Ave Steer (Address) 4 - Manner of injury  Place (Address) 4 - Manner of injury  19. UNDERTAKER (Address) 4 - Manner of injury  24. Was disease or injury in any way related to occupation of deceased?  16 so, specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  24. Was disease or injury in any way related to occupation of deceased?  16 so, specify  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) 4 - Manner of injury  Nature of injury  (Specify city or town, county and State)  Manner of injury  Nature of injury  (Address) 4 - Manner of injury  (Specify city or town, county and State)  (Specify city or town, county and State)	(State or country)	
Place Washington Doto: Male 15., 19.25 Nature of injury  19. UNDERTAKER 15. See and 15. 19.25 Nature of injury in any way related to occupation of deceased?  19. UNDERTAKER 15., 19.35 No. See and 15. (Signed) 15. (Signed) 15. (Signed) 15. (Address) 15. Thus.		(Specify city or town county and State)
Place Washington Date - Male - S., 19-25  Nature of injury  19. UNDERTAKER Call to See and See	18. BURIAL, CREMATION OR REMOVAL O	Manner of Injury
20. FILEM Mas Un 15, 19 35 Mms. Jas. Cover (Signed) (Signed) (Address) (Address) (Address) (Address) (Address)	Place Washington D. Jac. Nah 15	102
20. FILED Mas Un 15, 19 35 Mrs. Jas. Deven (Signed) Vocaly II it cheel M. I		24. Was disease or injury in any way related to occupation of deceased?
	The state of the s	every (Signed) Jocelyn II) it cheel M. I

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V. S. No. 1

STATE O	F MARYLAND—	CERTIFICATE OF DEATH	163
1. PLACE OF DEATH		(92:0)	
County Omnico	George	Registration Dist. No. 21	15
Village or City D'ry a	ttsville	NoSt.,	Ward
Length of residence in city or town where d		death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	
2000	3)11 Long.	A so	0303.
2. FULL NAME OF COLOR	Sens wood	But W. Then Its ille.	
(a) Residence: No. X & 1/2002	(Usual place of abode)	St. Ward. If nonresident give city or town and	d State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Market and the second s
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	- 1
temale White	Married	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of	. 1	22. / I HEREBY CERTIEY. That i attended	deceased from
(or) WIFE OF CAT Severe	fones	Hh 4 1935, to march 4	193 Y
6. DATE OF BIRTH (month, day, and year)	26-28-1866	I last saw h alive on Massal 4 193	; death Is said
7. AGE Years Months	Days If LESS than I dayhrs.	to have occurred on the date stated above, atm.	
69 0	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onsat
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Confine Property	7/18:
a. Industry or business in which		work rumoney	1436
work was done, es SILK MILL, SAW MILL, BANK, etc			- 1-1
0 10. Date deceased last worked at this occupation (month end	11. Total time (years) spant in this		-
year)	occupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town)	079	of m	
1 00	ploto	would yourselve Quetor	
31/07	ant a real	Name of operation	
Y 14. BIRTHPLACE (city or town)	El.	Name of operation Date of What test confirmed diagnosis? Wes there an	autonsy? 74
15. MAIDEN NAME Commolis	I Idella Fox	23. If deeth was due to external causes (VIOL ENCE) fill in also the followin	
15. MAIDEN NAME (State or country)	testown	Accident, suicide, or homicide? Date of injury	
(State or country)	M. Y.	Where did injury occur?(Specify city or town, county and Sta	
17. INFORMANT J. DUST	tones	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address) 2 8 Mounts 18. BURIAL, CREMATION, OR REMOVAL	San and Care		
Place Vash. Memoria	ma 3/6 155	Manner of injury	
7	21 /- 1	24. Was disease or injury in any way related to occupation of deceased?	ny
19. UNDERTAKER (Address)	relle ma	If so, specify -	
20. FILED March 6 1935 Mr.	000000000	(Signed) Stranger Company	M. D.
20. 11ED-11900 COR. 19.19.19.11.10E	Registrar.	(Address) Sullwill "	u

If more blanks are neded, address State Registrar, 2411 N. Charles Street, Baltimot, Requesting V. S. No. 1.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WHITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. ARGIN RESERVED FOR BINDING

V. S. No

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-8
County Orince Seage	Registration Dist. No. 7
Village or City Brentwood, and	No. 360 2 39 R - St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?mosds.
Length of residence in city or town where death occurred yes mos	
(2/02 30-1) (8)	
(a) Residence: No. 3 6 0 2 - 2 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, QR DIVORCED (write the word)	21. DATE OF DEATH
or working	(Month) (Day) (Year)
5a. If married, widowed, or divorced	22. A I HEREBY CERTIFY. That I attended daceased from
(ac) WIFE of Dany C Mourelman	Tel. 28 1935 March 7 1935
6. DATE OF BIRTH (month, day, and year) Oct. 2. 1893	I last saw h a alive on march 2, 19 3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a 2 43 P. m.
4/42 # 24   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc.	Acute Constrac difatation 3/2/
work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and	/-0
10. Data deceased last worked at this occupation (mostly and spent in this	
yaar)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) & dalkeword	B
(State or country)	Cardrac as throw 4 yr
14. BIRTHPLACE (city or town)	ago
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autops ?
E	23. If death was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town) Care [ 16. State or country)	Accident, suicide, or homicide? Date of injury, 19  Whera did injury occur?
17. INFORMANT Hans & Rafola Coman	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 3 6 0 2 - 13 9 1 1 1 1	A
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place WAKE WOOD, N.J. Date MARCH 4, 1932	Nature of injury
19. UNDERTAKER Hand & Soltands	24. Was disease or injury in any way related to occupation of deceased?
(Address) 436-7 oh My H- W: Work B	olf so, specify
20. FILED March 3 1930-10ally hally 4.0	(Signed) GCON BONN M. D.
Registrar.	(Address) - (Addre

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Example I		. Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURFAU V. E.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	AND THE PROPERTY.	THE CONTRACTOR TO THE PROPERTY AND THE P	
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	ž.

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of OCCUPA-

## STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	1. PLACE OF DEATH				92-0				
	County Prince George					Registration [	Dist. No. 2	30	
					, p	No. death occurred in a hospital or institu	L'ALLE BIABET	St.,	War
	Length of resid	dence in city	or town where	death occurred3	O yrs mo	ds. How long in U.S. if of	of foreign birth?	. instead of street and	number) nosd
2.	FULL NAM	WE W	alter He	enry Marl	ow Jr.				
	(a) Resident	ce: No	Colle	ge Park	of shode)	St.,Ward.	If nonresident	give city or town an	1 6
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS						MEDICAL C	ERTIFICATE		d State
3. SE	X Male		OR RACE		RRIED. WIDOWED, ED (write the word)	21. DATE OF DEATH	March	21 (Day)	., 193 5 (Year)
5a. If	married, widowe HUSBAND of (or) NHEROL			r Marlow		22. I HEREBY		Y. That I attended	deceased fro
6 DA	TE OF BIRTH (	month day	and year)	March 20,	1864		March 21		, 1935
7. AG		rs	Months	Days 1	If LESS than 1 day,hrs.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows:	ed above, at 9:0	0 A.M.	
NOL	Frade, profes kind of w SAWYER,	sion, or part ork done, as BOOKKEEPE	SPINNER, A	ttorney a		Chronic Endoca	rditis		Data of onse 20 yr
CUPA	9. Industry or b work was SAW MILI	ousiness in v done, as SII L, BANK, etc	vhich LK MILL,				******		
8	Date decease this occup year)	d last worke ation (month	h and	11. Total ( sp3	time (years) int in this upation				
12. BIRTHPLACE (city or town) (Washington, D.C. (State or country)				Other Contributory Causes of Impo Acute systolic	dilation	******			
W 13. NAME Walter H. Marlow							***********		
FATH	4. BIRTHPLACE (State or		Charl	es Count	y, Md.	Name of operation What test confirmed diagnosis?		Date of	
15. MAIDEN NAME Eliza Turner				23. If death was due to external cau					
16. BIRTHPLACE (city or town) Charles County, Md. (State or country)				Accident, suicide, or homicide? Where did Injury occur?	D	Date of injury	, 19		
17. INFORMANT Louise Marlow Myers (Address) College Park					***********	Specify whether injury occurred in	(Specify city or to INDUSTRY, in HOM		ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wingfulner Company Date 2/2-2-1, 19.35						Manner of Injury			
19 UNDERTAKER TEMES B. Malley						24. Was disease or injury In any w	ay related to geoupa		210
						(Signed)	Berwyn,	æ.	

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Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
APR 5 1850			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FO	OR FURTHER ST	TATEMENTS BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03173
1. PLACE OF DEATH	(31)
County Oring renges	Registration Dist. No. 2-76
Village or City / Williams	No. 4501-WILL St., Ward
a (IE	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Colward Joseph Mohum	2
	and mel Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  March  (Month)  (Day)  (Year)
5a. If marriad, widowed, or divorced HUSBAND of (er) WIFE-of Jarah a Mohum	22. J. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 8-1867	Clast saw h alive on Manh 17 1930 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 2 P.m.
67 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Frade, profession, or particular kind of work done, as SPINNER,	were as follows:
kind of work done, as SPINNER, Author	
9. Industry or business in which work was done, as SILK MILL,	Christon Wheel hard
SAW MILL, BANK, etc.	drain .
this occupation (month and year) spant in this occupation.	
- Companion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Story (State or country)  Rew Mork	A P -
	Marin Julian 1794
13. NAME Michael Mohung  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Nama of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary ME hally	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Many Mc Nally  16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?, 19,
(State or country) Guland	Where did injury occur?
17. INFORMANT (Agnia C. Mohum (Address) 4570 (- Willa agn. Brumtis and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place M. Clivel (Neg bate March 20, 1933	Nature of Injury
19. UNDERTAKER Perry & Halsh Inc	24. Was disease or injury in any way related to occupation of deceased?
(Address), 29-17+ st m w	If so, specify
20 Filland 18 Bootkey belly Min	(Signed) fram hally M.D.
Registrar.	(Address) for Marin
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
STORAL V.S.	à ·		
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	920
County Gruse George	Registration Dist. No. 242
Village or City Celar / Leighto.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Margaret mo	lder
(a) Residence: No. 63(5 Chapel as (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Was 27 193.5
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. IHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mar. 1. 1926	Mach: 20, 19 35, to March 27, 19 35
7. AGE Years Months Days If LESS than	, 15-7, ubatii is saiu
9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Schuleut	charges a water land
N. 9. Industry or business in which	Least disease
work was done, as SILK MILL, SAW MILL, BANK, etc	7
10. Date deceased last worked at this occupation (month and year)	
71.D	Other Contributory Causes of importance:
12. BfRTHPLACE (city or town) VVVX — (State or country)	
13. NAME Richard Molders	none
(State or country)	Name of operation Date of
15. MAIDEN NAME Gertruelle Galloun	What test confirmed diagnosis? Was there an autopsy?
	23. If death wes due to external causes (VIDLENCE) filf in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
7. INFORMANT Gertrude Woolden	Where did injury occur? (Specify city or town, county and State)
(Address) 6315 - Choose Con Let	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wash. 106 Date 2/27, 19 35	Nature of injury
9. UNDERTAKER Herry & Washington (Address) KC2 3 5 7 6 7 6	24. Was disease or injury In eny way related to occupation of deceased?
man 27 25 de - 110	If so, specify
10. FILED LANGE (21, 1935 Mefully Registrar.	(Signed) And Inady M. D.  (Address) Seat Pleas are t, he of
If more blanks are needed, address State Registrar,	1411 N. Charles Street, Baltimore, Requesting 71 S. No.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

#### Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

A. A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03177
infor- state UPA-	1. PLACE QE DEATH	93-0
P 1 1	County freuel Georges	Registration Dist. No. 232
- FE	Village or City 21 place Mah lororo	No
181 1-	) (If	death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence in gity or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsds
Every CIANS ement	2. FULL NAME Serieard albert	Mudd
RD. Every YSICIANS	(a) Residence: No Char Mailbora	Ward.
	(Usual place of abode)	If nonresident give city or town and State
177	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH MUNICA 3
NENT C T L Y iffed.	Mule Married	(Month) (Day) (Year)
BINDING PERMANEN EXACTI y classified te.	5a. If married, widowed, or divorced HUSBAND (or) WIFE of	1 HEREBY CERTIFY, Thet I attended deceased from
A A A A	(01) WITE Frances Gath Muse	Feb- 22 185 10 March 3 193.
BINI ERM. EX.	6. DATE OF BIRTH (month, day, and year May 76-1869	Hest saw have alive on Warch 3 1935 death is sale
P. P	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a 9:45 P.m.
FOR B. IS A PE stated E properly certificate	65 9 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8. Trade profession or particular	Olyonic. Myselarditis Date of onset
HIS be be of	kind of work done, as SPINNER, Tarmer SAWYER, BOOKKEEPER, etc.	
EERV] VK—T should it may n back	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
RESERVED G INK—THIS GE should be that it may be ons on back of	SAW MILL, BANK, etc	
RES VG IN AGE that	this occupation (month and May 1472 spant in this year)	
R AG AG ion ion	Solve tou	Other Contributory Causes of Importance:
IN I	12. BIRTHPLACE (city or town) Weller (State or country)	Durientar rebullation
ARGIN RI NFADING oplied. AGI erms, so tha	13. NAMETINAUCIS A. Mudd	D'oyferpresis. Zudy 193:
TO THE	E SOUND OF THE SECOND OF THE S	
7 - 0	14. BIRTHPLACE (city or town) We tenkam	Name of operation Date of
Y, WIT carefully H in pla	15. MAIDEN NAME Calizabeth a Jarboe	What test confirmed diagnosis? Was there an autopsy
INLY, WI be careful EATH in p	I S BIDTURI ACT (site or Assert	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
Id be can DEATH y import	16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
	17. INFORMANT Frances & Mudd	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA Should OF D	(Address) Tentos, marily and	Toposity whether mysty decented in interest, in nome, or introducto FEACE.
E PL shoul E OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRITE ation s AUSE ION is	Place of fle Marsh Monatoficach (10), 18(1)	Nature of injury
WRIT mation CAUSH	19. UNDERTAKER ATTICLES	24. Was diseese or injury in eny way related to occupation of deceased?
SECH	(Address) Waldon Aun	If so, specify
	20 FILED March 5 1985 Olemon of hungel	(Signed) tess Col Jowers M. D.
> 2 (7)	Tour Registrar.	(Address) Ozbanderwa lud
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

B. + WRITE PLA

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	7	114	15
Ŧ	.5	17	1
	1		-

1. PLACE OF DEATH		(13)
County Prince Lea	rge	Registration Dist. No. 226
Village or City MIX Rass	us md	No. 3221 - Percy & St., W. (death occurred in a hospital or institution, give 48 NAME instead of street and number)
Length of residence In city or town where	death occurred6yrsmos	ds How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Thelling	u 24. MEELer	
(a) Residence: No. 3221-	Prey	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE robute	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Trig the word)	21. DATE OF DEATH  Month)  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of Corp. WIFE of Select of each	Es Weefer	22. Mark BY CERTIFY. That I attended deceased f
6. DATE OF BIRTH (month, day, and year)	Dec. 15- 1861	I last saw har alive on the auch 7 19 30 death is
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	1 20   ormin.	.were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Stired Farmer.	
Industry or business In which		Cashs Genel asente 7.
work was done, as SILK MILL, SAW MILL, BANK, etc.		Roem
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	¿ county	Other Contributory Causes of Importance:
13. NAME Gales MER	her	
14. BIRTHPLACE (city or town)		Name of operation
(State or country)	-	What test confirmed diagnosis? Charles Was there an autopsy?
15. MAIDEN NAME Mary	6 Danie	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	·	Accident, suicide, or homicide? Date of injury19
(State or country)	nd	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Steller H. a. (Address) 3221 - Perry	eks Meefrer	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	2 / 11/	Manner of injury
Place / Dallevelle m	Date 1814 1935	Nature of injury
19. UNDERTAKER of Yarely	U Lone	24. Was disease or injury in any way related to occupation of deceased?
(Address) Thy attruct	le zud // 1	If so, specify
20. FILE 1/2019 1900 /	Four hally 17.9	(Signed) day have
13	Registrar.	(Address) hollow 1849

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
GUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

PHYSICIANS should state RD. Every item of infor-Exact statement WAITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED tion should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1 N. B. of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 03179
1. PLACE OF DEATH	(23)
County /rugee Jenges	Registration Dist. No. 240
Village or City hell whom	No. House of Bul own tst. Ward death occurred in a hospital or institution, give in NAME instead of street and number)
(If Length of residence in city or town where deeth occurred 4 yrs 3 mos	death occurred in a horpital or institution, give in NAME instead of street and number)  2
2. FULL NAME Hawan W Melson	
(a) Residence: No. Pasadena, ma.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mode 36, 193 U. (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBANO of	(Month) (Day) (Year)
(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceesed from
0 3 1918	193 J. to 100 M J 0 , 1930
6. DATE OF BIRTH (month, dey, and year)  7. AGE  Years  Months  Days  If LESS than	I fast saw h lander elive on 1900, 1900; death is said
7. AGE Years Months Days If LESS than 1 dey,	to have occurred on the date stated above, et land to have occurred on the date stated above, et land to have occurred on the date stated above. The PRINCIPAL CAUSE OF DEATH end releted causes of importance
101	were as follows:
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BDDKKEPER, etc.	
Chiler, Doubletter, etc.	J. J
9. Industry or business In which work wes done, as SILK MILL, Thuse of Refor-SAW MILL, BANK, etc.	Juniums s
No. Dete deceased lest worked et this occupetion (month and spent in this	
yeer) occupation	Other Centribatery Causes of importance;
12. BIRTHPLACE (city or town) Lacadena,	Other Contributory Causes of importance;
(State or country) maryland	
14. BIRTHPLACE (city or town) maryland	
14. BIRTHPLACE (city or town) maryland	Name of operation
(Stete of country)	What test confirmed diegnosis? Wes there an eutopsy?
15. MAIOEN NAME Untinous	23. If death wes due to external causes (VIDLENCE) fill In elso the following:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Dete of injury19
∑ (State or country)	Where did injury occur?
17. INFORMANT John B. Priles Subt	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address) Cheltefiliam me	<b>3</b>
18. BURIAL CREMAZION DR REMOVAL	Menner of injury
Place Date Place 1933	Nature of injury
19. UNOERTAKER A CHEST A COMMENT OF THE COMMENT OF	24. Wes disease or injury in any way related to occupation of deceased?
at the Millian to the	(Signed) William H. Tibbono M.D.
20. FILEOLGUI - 1935 MW. J. Alsandto	(Address) Drown
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	STATE	F MARYLAND-	-CERTIFICATE OF DEATH	21911
1. PLACE OF	DEATH 4		(22:0)	1100
County	unce La	ngles	Registration Dist. No. 2	15
Village or Ci	ty May it	tooilee my	No. Prince St. Manual Constants, Manual Constants, Manual Constants and St. Manual Constants and	△ Ward
Length of resid	dence in city or town where	death occurredyrsmo	s. Ods. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAM	ME Colo	ord.		
(a) Resident	ce: No.	Sh Brentwood	most., Ward.	
PERSON	AL AND STATIST	(Usual place of abode)	If nonresident give city or town and	State
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	
Formal	Beach	OR DIVORCED (write the word)	Inch 6	. 193 5
5a. If marriad, widowe	ed, or divorced	1 to 0	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	Olor	let on	22. MEREBY CERTIFY, That Intended	deceased from
6. DATE OF BIRTH (	month, day, and year)	1867	I last saw her aliva on mach 6 1931	; death is said
7. AGE TO YOU	s Months	Days If LESS than	to have occurred on the date stated above, at 925 m.	
	60	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
Trade, profes	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc	1 -	- A	Date of onset
	BOOKKEEPER, etc	Jomesha	Robert ral homor koge	Recent
work was	done, as SILK MILL, L, BANK, etc			
U   10. Data decease	ation (month and	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city			Other Contributory Causes of importance:	
(State or count	" Sascol	Oneal	arleres Schlorosis	
13. NAME 14. BIRTHPLACE	(city or town)	0-	Name of operation Rone Data of	
(State or		<b>.</b>	Name of operation Data of What test confirmed diagnosis? Was there an a	utoney?
15. MAIDEN NAM	IE alice (	Ineal	23. If death was dua to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAM			Accident, suicide, or homicide? Date of Injury	
17. INFORMANT(Address)	Willian	no Orrio.	Where did injury occur?(Specify city or town, county and State Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) ACE.
18. BUHFAL, CREMATI	On REMOVAL	DE : Mar . 7 10 35	Manner of injury	
19. UNDERTAKER	Wornes	larris	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Mari	1", 1935 NA	ns for Devere	(Signed) Minimore	m. D.
	If more	blanks are needed, dad ess State Registrar.	(Address) (Addre	

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Example 1		Example 11	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUKEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMEN	IS BY	PHISICIAN
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of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	207.m	
County Pune Gents	Registration Dist. No. 230	
Village or City Ossumus d'ale	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)	đ
	ds. How long in U.S. if of foreign birth?yrsmosds	š.
2. FULL NAME Robert Lee Pare		
(a) Residence: No. Education W.4.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State	-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DEVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)	-
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from	
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  Ormin.	to have occurred on tha date stated above, at 10,45 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	d
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	huchul skull and 3/17/3.	-1-
10. Data deceased last worked at this occupation (month and yaar)	Dther Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) & dismons fon Me. (State or country)	fait by Bot I ham 3/17/	31
13. NAME Villiam 1, Jage		-
13. NAME Villace 1, Vage 14. BIRTHPLACE (city or town) Edward by Made (State or country) Time or nature	Nama of operation Date of Was thera an autoptal	_
15. MAIDEN NAME Mary L. Burton	23. If death wes due to external causes (VIDLENCE) fill In also the following:	-
15. MAIDEN NAME Mary L. Burton 16. BIRTHPLACE (city or town). Combridge med. (State or country)	Accident, suicide, or homicide? acus dum Data of injury 3/17, 1935	
17. INFORMANT ME Page (Address) & Curl and Thy alts rille ma	Specify whather Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Com. Date 3 - 20, 1935	Manner of injury Later by R.R. have	-
19. UNDERTAKER Prancis Sysch Sons (Address) Lyattziel md.	24. Was disease or my in any wey stated to the policy of the based? W	_
20. FILED Mek 19-, 193 5 John & smith	(Signed) U) Collin 4n Halls M. [	D.

Il more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 03182
County anne Glorge	Registration Dist. No. 243
Village or City Bolivie	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME halter high (a) Residence: No. Bowls (Usual place of abode)	4 St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  May  May  May  May  May  May  May  Ma	21. DATE OF DEATH  3 / , 193.5 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hallie Hall	22. I HEREBY CERTIFY. That I ettended decessed from  Oug 25, 1934, to Max 31, 1935.
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  I day,hrs.	I last saw have alive on
8. Trede, piofession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Januar	were as follows:  Chronic Endocalilis  Protetilis  1930
9. Industry or business in which work was done, as SILK MILL, Factor SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	Batisal Edocarleti 1/19/2
this occupation (month and spant in this occupation  12. BIRTHPLACE (city or town) Pavadovudle Md	Other Contributory Cause of importance:
(State or country)  13. NAME Buyanin Physics  14. BIRTHPLACE (city or town) Paradumulle md	7.57
(Stele of Country)	Name of operation
15. MAIDEN NAME anni Taylor  16. BIRTHPLACE (city or town) Davidsbruille, Md	23. If death was due to external causes (VIOL ENCE) fill in elso the following:  Accident, suicide, or homicide?
(State or country)  17. INFORMANT (Address)	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mount Oak Date Opr 3, 1933	Manner of injury
19. UNDERTAKER AND PROPERTY (Address) Michellage and.	24. Wes disease or injury in any way related to occupation of deceased?
20, FILED LASIL 1 1925 A Rouseules un	(Signed) M. D

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E	xample I		Example II	
The principal cause of dea of importance were as follows:	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 100 to 1005	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MAI TO ASSESS	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V S	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. & No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

eRD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT RE mation should be carefully supplied. AGE should be stated EXACTLY. properly classified. BINDING FOR ARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be WRITE PLAINLY, WITH

V. S. Wo.

1. PLACE OF DEATH	92:0) 03154
County Truck Lerges	Registration Dist. No. 2 40
Village or City Daden	No. St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Mary Catharne The	charde
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) 2 193 5 (Year)
HUSBAND of (or) WIFE of July N, Richards	22. THEREBY CERTIFY, That attended deceased from 1935 to the 2/ 1935
6. DATE OF BIRTH (month, day, and year) Self /- 1860	I last saw her alive on Meh 2/ 1925; death is sa
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8m.
74 6 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Data of one
8. Trade, profession, or particular kind of work dona, as SPINNER. A unsukeubeu SAWYER, BOOKKEEPER, atc	Valvulas Deserse y
9. Industry or business in which work was done, as SILK MILL,	Heart
SAW MILL, BANK, atc	mitral Hegurgelaher
12. BIRTHPLACE (eity or town)	Other Contributary Causes of Importance:
(State or country)	
13. NAME John IV aughor	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Daruh / Y y de  16. BIRTHPLACE (city or town)  (State or downtry)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Lauth n Walson	Where did injury occur?
(Address) /2 aden	
18. BURIAL, CREMATION, OR REMOVAL Place & Jaden Ind. Date Man 24, 1932	Manner of injury
19. UNDERTAKER A June 19. (Address) Aghain Ma	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED May 23, 1925 - Mr. J. Smith.	(Signed) William At Hibbon M. (Address) Soon

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI	CIAN
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N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	3185
1. PLACE OF DEATH	(48)	
County france Stange	Registration Dist. No. 2	15
Village or City Near Hyallamille	No. Mather Jones Risk ) forme.	Ward
	death occurred in a hospital or institution, give its NAME instead of street and nu ds. How long in U.S. of of foreign birth?mos	ımber)
2. FULL NAME Maying M. Gasa		
(a) Residence: No. 8/6-Des 139 MG.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	late
PERSONAL AND STATISTICAL PARTICULARS  3, SEX 4. COLOR OF RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
Timale White Of DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Jachrah J. Paga	22. DI HEREBY CERTIFY, That I ettended de	eceased from
6. DATE OF BIRTH (month, day, end year) Aug 15th 1857	I last saw h_ A alive on Mac 6 , 19 36.	death is seid
7. AGE Years Months Days If LESS than	to heve occurred on the date stated ebove, etm.	dedtii 13 3010
77 6/21 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence	
8. Trede, profession, or particular	were as follows:	Date of onset
SAWYER, BOOKKEEPER, etc.	teule Deletation	3/6/3
9. Industry or business in which work was done, es SILK MILL,	0 111	45,000
SAW MILL, BANK, etc	Careingua M Ullus	
O 10. Date deceased last worked et this occupation (month end yeer) spent in this occupation	1	
) Jour Journal occupation	Other Contributary Causes of importence:	
12. BIRTHPLACE (city or town)		
(State or country)		
14. BIRTHPLACE (city or town) - free (Citato or country)		
4 14. BIRTHPLACE (city or town)	Neme of operation	
(State of Country)	What test confirmed diegnosis? Wes there en eu	topsy?
15. MAIDEN NAME / Tarriers James	23. If deeth was due to externel causes (ViOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oete of Injury	19
∑ (State or country)	Where did injury occur?	,
17. INFORMANT Design House	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLAC	E.
18. BURIAL, GREMATYON, OR REMOVAL	Manner of Injury	
Place Manh 2 C - Date Manh 7, 1935	Neture of injury	
19. UNDERTAKER The Alfania Co. (Addiess) 701-18 The Translation to.	24. Wes disease or injury in eny wey related to occupation of deceesed?	
20. FILEO March 7, 1935 Mrs las Deverel	(Signed) Martin Beauty Wes	M. C

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	<b>PHYSICIAN</b>
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STATE OF MARYLAND	CERTIFICATE OF DEATH	2188
1. PLACE OF DEATH	(82-a)	77 50
County Prince Leave	Registration Dist. No. 2 4 3	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Village or City Bowie	NoSt.,	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and n sds. How long in U.S. if of foreign birth?yrsmo	
2. FULL NAME Mineron Scott		
(a) Residence: No. Bowle (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Female Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Willowed	21. DATE OF DEATH  (Month)  (Qay)	, 193 6
5a. If married, widowed, or divorced  HUSSANSOI  (or) WIFE of Edward Scott	22. I HER, EBY CERTIFY, That I attended of	deceased from
6. DATE OF BIRTH (month, day, and year) Jun. 5, 1836	I last saw her alive on March 12, 19 35	
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 3 45 A.m.	
99 2 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:	Oate of onset
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	an to Bronchitis	Mar 19
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased lest worked at this occupation (month and year) spent in this occupation		~~~~~
12. BIRTHPLACE (city or town) Puloski bounty (State or country) Virginia	Other Contributory Canses of importance:  Lesethal temasshye	Marel 10,
13. NAME Frank Comptell		
14. BIRTHPLACE (city or town) (State or country)  Variance	Neme of operation Date of	
15. MAIDEN NAME Richtie! (Campbell)	What test confirmed diagnosis? Was there an a	
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?	
17. INFORMANT Mrs. Rosa Watson (Address) Barre	Where did injury occur?	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Paynes Dete murch 13, 1935	Nature of injury	
19. UNDERTAKER SULPHING (Address) SO H A C	24. Was disease or injury In any way related to occupation of deceased?	200
20. FILEO Marel 13, 19.3 h. Registrar.	(Signed) Henry Kubina ) (Address) Borne	M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SKIREAU V. s.	i j		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1.7

BINDING

FOR

RESERVED

MARGIN

V. S. No. 1

	03187
PLACE OF DEATH -	STATE OF MARYLAND
County Swel 420	CERTIFICATE OF DEATH
	Registration Dist, No. 238
Village or City Oyon Hell (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Mary Smith	tion, give its NAME I: - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
French White Single, Ringle Warried.  Skonole White OR DIVORCED (Write the word)	16 DATE OF DEATH March 19, 1925
6 DATE OF BIRTH	(Month) (Day) (Year)
And 015 4311	m March 17 1935 to March 17 ,1925
(Month) (Day) (Year)	that I last saw har alive on March 17, 1925;
7 AGE   If LESS than	and that death occurred on the date stated above, at 12 10 a, m.
1 day - hrs.	The CAUSE OF DEATH * was as follows:
yrs. 2 mos. // ds. ormin.?	7.
(a) Trade, profession or child particular kind of work	Ocute Bron chitis. Duration: one
(b) General nature of industry	took, Cure R
usiness, or establishment in	(Durstion) yrs. mos. 7 ds.
which employed or (employer)	Contributory appleria
(State or country) Mary and	Secondary
I 10 NAME OF A A . A	Duration) yrs. mos. mos.
FATHER John R. Umith	(Signed) 7 (Signed) 7 M. D.
o 11 BIRTHPLACE	Mar 10 1902 (Address) 5401 The m-st
Z (State or country) Mary and Brightion	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Butha V. prettont	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER 20	ients or Recent Residents)  At place of deathyrsmosds, Stateyrsmosds,
(State or Country) // Lawy Rand	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Walber Smith	Former or usual residence
(Address) byon fill m-d	Bell's lew, Campo Springs 3/8 19 30
Filed 3/18 1925 Elegh Furusan	Lhomas F. Munay for Work D
If more blanks are needed, address Stato Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. Nd. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISE EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old'Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ethaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions," .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic vauvas contributory Always qualify al

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

ARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13188
1. PLACE OF DEATH	(Pan)
County Lunco George	Registration Dist. No. 235
Village or City Austrich Hopes	No. St Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Malkey Mull Rd. Q	lively dyb nd.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Mush 2 9 193 5
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of Comma a Sweeney	22. I HEREBY CERTIFY. Thet I ettended decessed from
6. DATE OF BIRTH (month, dey, end yeer) Selsh 20/6/4	I lest sew home alive on Murch 28, 1935; death is seid
7. AGE Yeers Months Oeys If LESS then I dey,hrs.	to heve occurred on the dete stated above, at = 3.0 Am.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or perticular	were as follows:
kind of work done, es SPINNER, January Rich.	(Latinum and the
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	- What cours 19 of
	Lay de a + 1/2 mar o 3 de
11. Total time (years) this occupation (month end year)	
12 DIDTUDI ACE (situat taus)	Other Contributary Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME THE TO A STELLER	3 with
14. BIRTHPLACE (city or town)	Name of a self-
(Stete or country)	Name of operation Dete of
15. MAIDEN NAME . Smelin Varion	Whet test confirmed diagnosis? Wes there an autopsy?
16 DIOTHOLOGY ( )	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Dego Sama & Sweeyey (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL MIL Dete Juan 31, 19 30	Manner of injury
16/16/16	Neture of injury
19. UNOERTAKER 1. Manufelo (1) (Address) 3/7-// W 21. S.	24. Was disease or injury in eny wey releted to occupetion of deceased?  If so, specify
20. FILEO 3-29- 1935 Thor Delette	(Signed) M. D. (Address) M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 uear

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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WRITE

Filed May 2

No. 1

PLACE OF DEATH SUO	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 235
7illage or City Frundly (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, Wilowed OR DIVORCED (Write the word)	16 DATE OF DEATH March 1 1935
DATE OF BIRTH  ADV. 9, 1844  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  Man 1923. to Man 1923.  that I last saw h A alive on Man 1 1923.
AGE 85   If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows
(a) Trade, profession or porticular kind of work four work work work work work work work wor	Objection only saw decedent once. Curso, Demos de.
10 NAME OF FATHER* UNKnown  11 BIRTHPLACE OF FATHER	Contributory Secondary  (Duration)  (Signed)  (Signed)  (Address)
(State or country) My nown  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 MARKET MARKET MOTHER  15 BIRTHPLACE OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homlcidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.
(State or Country) //	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Oyon Hell Mr-d	Troudly, nd. May 3rd 35

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

20 UNDERTAKE

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochou shold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrumt, Cook, Housemaid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enlaborer, Never return "Laborer," "Foreman," "Manager, whatever, write None. "," etc., without more precise specification as Day borer, Farm laborer, Laborer—Coal minc, etc. Wom-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Compositor, For persons who have no occupation Architect, Locomotive engineer, """Deal-Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS Typhoid fover (nover report "Typhoid Pneumonia"); time and causation), using always the same accept-CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease (secondary American Medical Association.) approved Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on cough; or intercurrent) Chronic etc. The contributory affection need valvular heart Nomenclature disease; not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all qu stions

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
ould state	1. PLACE OF DEATH	23
should of OCC	County I shall terrges	Registration Dist. No. 240
item shou	Village or City Well lubran	No. About of Relative Star Ward death occurred in a horpital or institution, give its NAME instead of street and number)
NS nt		ds. How long In U.S. if of foreign birth?yrsmosds.
Every MANNS Ement	2. FULL NAME Staward & Light	man
RD. IYSIG	(a) Residence: No. 960 Vine St. Bal (Usual place of abode)	to St., Ward. To Sure It Balloware My  If nonresident give city or towo and State
REC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T Z Z	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH MALE 3 / 1935 (Month) (Dey) (Year)
ING NEN CT I	5a. If merried, widowed, or divorced HUSBAND of	
NDIN RMAN X A C	(or) WIFE of	22.   HEREBY CERTIFY. That I ettended deceased from
	6. DATE OF BIRTH (month, day, and year) 726y 19-1921	I lest sew h hu alive on mch 31 1935 deeth is seid
	7. AGE Years Months Deys If LESS then	to have occurred on the dete stated ebove, atm.
FOR IS A I stated properl ertifica	14 1 13 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
- 70	8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
VE de la company	9. Industry or business in which	To find the state of the state
RESERVED G INK—THIS GE should be that it may be ns on back of	9. Industry or business in which work wes done, as SILK MILL, Jourse of Reforma	- Two was
INI INI E sh it it	10. Dete deceased last worked et them 11. Total lime (wars) spent in this	
RES NG I AGE that	yeer) occupetion	Other Contributory Causes of importance:
IN I	12. BIRTHPLACE (city or town) Dalaman	
ARGIN RI UNFADING supplied. AGI n terms, so tha	The series of th	
T D da	13. NAME LESS ST. This affirman  14. BIRTHPLACE (city or town). Orallo,	Neme of operation Dete of
	(State of country)	Whet test confirmed diagnosis?
WITH refully in plai	15. MAIDEN NAME Colon Radolescom	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:
INLY, WJ be carefu EATH in 1	[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury
Id be can DEATH	(State or country)	Where did injury occur? (Specify city or town, couoty and State)
LA DI CY	17. INFORMANT When S Jules Sulpt	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA Should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
E E :	Plece Wit (always (expate \$7 3 ,1935	Nature of injury.
mation s CAUSE TION is	19, UNDERTAKER Char & Course	24. Was disease or Injury In any way related to occupation of deceased?
S. No. 1	(Address) SIY. N. Cally St.	If so, specify
S. I.	20. FILED April 1- 1925 Mrs. J. J. Smith.	(Signed) William, My Whyns, M.D.
Buth	Por Ac a 5 + 1 For Registrar.	(Address) Proon me
Lon live	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 2 ż of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
County Truce Leorges	Registration Dist. No. 245
Village or City Hoyalleville mad	No. Linekurd Sautanen St. Ward
(If Length of residence in city of lown where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)  20 ds. How long in U.S. if of foreign birth?
2 FILL NAME Sus fueres	
(a) Residence: No. Dreutwood mad	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mch (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  Sungle	22. 1 HEREBY CERTIFY. That lattended deceesed from
6. DATE OF BIRTH (month, day, and year)	I last saw have alive on Jeby 28 1935; deeth is said
7. AGE O Years Months Days If LESS than	to have occurred on the date stated above, at 4.52m,
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
Trade profession or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Suberculoses, Julmonary 18. no
midustry or business in which work was done, as SILK MILL, Lank, tetc.	Chronic active
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Wash DC	Other Contributory Causes of importance:
(State or country)	Both less had been
13. NAME lineany	auputated below the seeds about
13. NAME LINITAGENT	Name of operation
(State of Country)	What test confirmed diegnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) lenstroom	23. If death was due to external causes (VIOLENCE) fill In elso the following:
6 16. BIRTHPLACE (city or town) lenserson	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT alter wave Brentway and (Address) 208-R-J. and med	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Mashytu Du Date Mach 1,1937	Nature of injury
19. UNDERTAKER It tout, (Address) 14/32 your after	24. Was disease or injury in any way related to occupation of deceased?
20, FILED MCh. 1", 19.35 Mrs. Jan Devere)	(Signed) M. O.  (Address) By attantes ma
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PLACE OF DEATH ;	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 42
Village or City Capital Herston:  2FULL NAME Unhur	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I less saw halive on, 192,
7 AGE  President about 5 mosts   ILESS than   Ida   Ins.	and that death occurred on the date stated above, at
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  Filed MAN . 15 192 85 June 10 Now.  Registran	Is LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
If more blanks are needed, address tate Registrate	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Ond.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tived 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH g. ged in domestic service for wages, as Scrvant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter whatever, write Nonc. Housemuid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Paysician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons enetc., Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, without more precise specification as Doy (b) Automobile foctory. The material Laborer-Coul mine, etc. Womwho have no occupation single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CATEING DEATH (the primary affection with respect to time and eadsation), using always the same accepted term for the same discuse. Examples: Cercbrospinal feror (the only definite synonym is "Epidemic cerebros: inch menincitis"; Diphtheria avoid use of "Croup"); Typhoid feer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "E:haustion," "Heart ramus," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Craemia," "Weakness," etc., when a definite disease "Always gu lify all telonus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of American Medical Association.) approved by Committee on (Recommendations on statement of cause of as fracture of skull, carbolic ocid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL scplicaemia," "PUERTERAL peritonitis, diseases resulting from childbirth or misearriage as "Debility" ("Congenital," "Semile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Taemorrhage," tions, such as "Asthenia," "Anaemia" (merely s; mptamcausing death), 29 ds.; Bronchopneumonia (secondary) st\_tcd unless important. (secondar; Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy." "Collapse," "Coma, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJULY or intercurrent) affection need not be ss important. Example: Measles (disease Chronic and consequences (e. g., sepsis, valvular heart disease; etc. The contributory Nomenclature " "Convulsions, death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of informetion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate, ARGIN RESERVED

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03194
1. PLACE OF DEATH	(87-E)
County Prince Jeorge	Registration Dist. No. 245
Village or City MIT Rainer md	No. 35-10 - 34 5. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2. FULL NAME Mary any It halen	J14
(a) Residence: No. 35010 34 55	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (ravice We word)	21. DATE OF DEATH (Month) 13 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas 2: Whalen	1 HEREBY CERTIFY, That lattended deceased from
6. DATE OF BIRTH (month, day, and year)	Hast saw h. Q. aliva on March 13 1955 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et. 7.14.50cm.
61 38 10 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Date of one et
o. Hede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc	Talangso / ograno 1925
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceesed last worked at this occupation (month end spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)  Wrath & C.	
Ε	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of
	What test confirmed diagnosis? Wes there an europsy?
	23. If death was due to externel ceuses (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT / Homas V. Haler (Address) 35/0 - 34/25 mt Painer	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Falh: NC. Data Meh ,1935	Nature of injury
19. UNDERTAKER + Jaselis Jone (Address) Glyaelsville 2018	24. Wes disease or injury in eny way related to occupetion of deceased?
20. FILESHIL KS / 135 / Stry hally M. at Registrar.	(Signed) Locar Barrel M.D. (Address) M. C. Admin M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example I
Date of onset	The principal cause of death and related causes of importance were as follows:
1915	Arteriosclerosis
1921	Chronic interstitial nephritis
July 5,1927	Cerebral hemorrhage
May 1,1923	Other contributory causes of importance:
May 1,1923	Gallstones
915	1 July

	ER STATEMENTS BY PHYSICIAN
For authorisation of date	of both su letter
filed middle Whales	04-26-35

ARGIN RESERVED FOR BINDING

V. S. No. 1

STA	TE OF	MARYLAND-	-CERTIFICATE OF DEATH 03	195
1. PLACE OF DEATH	2,	7	946	2 4
County Stry	e de	rges	Registration Dist. No. 2	23
Village or City	Dow	<u> </u>	ND. St.,	Ward
. Length of residence in city or	town where death oc		is	
2. FULL NAME	orge /	V. Doane //	illes	
(a) Residence: No.	/		St., Ward.	
		Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND S			MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR Who		NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH MAN / 2 (Month) (Day)	, 193 (Yaar)
5a. If married, wldowed, or divorced HUSBAND of		/		
(or) WIFE of			22. THEREBY CERTIFY. That I attended	deceased from
C DATE OF DIRTH (month downed	一大	922-1876	I last saw h alive on / 12 1935	; death is said
6. DATE OF BIRTH (month, day, and 7. AGE Years	Months /	Days I If LESS than	to have occurred on the date steted above, atm.	_ , ucatii is said
.50		18 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causas of Importance	
8. Trade, profession, or particul	lar 42	Ormin.	ware as follows:	Date of onset
kind of work done, as SF SAWYER, BODKKEEPER,	PINNER.	one	Coronaud Thrombasis	
kind of work done, as SF SAWYER, BODKKEEPER, SIndustry or business in which work was done as SILK	h MILI		ause Ti	
SAW MILL, BANK, etc			of angrene of Hoot	
10. Oate deceased lest worked a this occupation (month ar year)	nd hone	11. Total time (years) spant in this occupation		
B	enlina	lon	Other Coatributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	21-21			*
13. NAME DAM	1 8 71	elles		
13. NAME alama  14. BIRTHPLACE (city or town)	Hrans	Rlin	Name of operation Dete of	*
(State or country)	Com	Vo.	What test confirmed diagnosis? Was there an	aulopsy7
# 15. MAIDEN NAME BAS	home	a Peete	23. If death was due to external causes (VIOL ENCE) fill in also the following	
15. MAIDEN NAME SAME  16. BIRTHPLACE (city or town)	Bridge	eport	Accident, suicide, or homicide? Data of Injury	, 19
∑ (State or country)	, Corps	V	Where did injury occur?	
17. INFORMANT	iflis		(Specify city or town, county and Star Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address) 18. BURIAL, CREMATION, OR REMOV	VAL ,		Manner of injury	
Place ( room	UpDet	Mar 15,1932	Nature of Injury	
19. UNDERTAKER Pute	his Oc	Bros )	24. Was disease or Injury in any way related to occupation of deceased?	rong
(Address) Upk	en ona	report and	If so, specify	
20. FILED MAY 1313.	56 pml	st W. Darner Registrar.	(Signed) Mulgam / Of true (Address) room md.	M. D.
	If more blanks	are needed, address State Registrat	2. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	-83		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03197
1. PLACE OF DEATH	(92-0)
County Ruce Deery 28	Registration Dist. No. 240
Village or City Propalacy (Ly	No. St. Ward
Length of residence In city of town where death gecurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Vanatures Win	calgor
(a) Residence: No. 1 Propulario ay	Zoud Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	
OR DIVORCED (write the ward)	21. DATE OF DEATH  (Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
- Werrary	lug 5 ,183 , Duach 16 ,1935
6. DATE OF BIRTH (month day, and year) March 19-1854	I last saw here alive on March 16, 19 2 5; deeth is seid
7. AGE Years Months Oays If LESS than 1 dey,	to heve occurred on the date stated above, et 5
0   //   C   ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Harulf SAWYER, BOOKKEEPER, etc.	mitral Reguigitation aug 1973
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc  10. Date deceased last worked et this occupetion (menth end spent in this)	
year) Cuig 1770 occupation	
12. BIRTHPLACE (city or town) Nothingham (State or country)	Other Contributory Causes of importance: Dericular trebrallation and 1933
13. NAME Thomas Agratius Undsor	
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stete of country)	What test confirmed diagnosis? Wes there en eutopsy
16. BIRTHPLACE (city or town) - Nothingham	23. If death wes due to externel causes (VIOLENCE) fill in elso the following:
o 16, BIRTHPLACE (city or town) Mothingham (State or country)	Accident, suicide, or homicide?
17, INFORMANT Elizabeth Voudor	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Alueton my	
18. BURIAL, CREMOTION, OR REMOVAL  Place Lis Catarray Oate May 18. 1935	Manner of injury
7/ H/ /P	Nature of injury
19. UNDERTAKER Grant & Cycy (Address) Valourt, The	24. Was disease or injury in eny way releted to occupation of deceased?  If so, specify
20, FILED Mar. 16, 1925 Mrs. J. N. Smith	(Signed) Steve (al Jouver) M.D.
If more blanks are needed address State Registrar.	(Address) (Arangegreens lus

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	12		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
County Truce George	Registration Dist. No. 23 J
Village or City Forestorlle	No. St Ward
to the state of th	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Thomas Wo	odrow
(a) Residence: No. Benny D.C. P.#	/_st.(P.O.) Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH March 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of Bosses July 11/10	22. I HEREBY CERTIFY, That I ettended deceased from
311 Care of Care	4eb 10,1935, 10 March 6, 1935
6. DATE OF BIRTH (month, day, end year) May 2 /8 /7.  7. AGE Years Months Days If LESS than	I lest sew h A alive on
5-17 9 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or perticuler	were es follows:  Character T. Respulse  Date of onset
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Larungelie Gus 1934
9. Industry or business in which work was done, as SILK MILL, Court Farme	Ulcern Int Ramea Feb 1935
10. Date deceesed last worked at 11. Totel time (years)	acute Exudative
this occupation (month and year) - Fig. 14. Spent in this occupation full.	neplander Feb 1935
12. BIRTHPLACE (city or town)	Other Coatributory Causes of importence:
(Stete or country) Source Searge Co., Mid.	
13. NAME Sandy Woodraw  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(Stete or country) Maryland  15. MAIDEN NAME	What test confirmed diegnosis? Was there an eutopsy?
I CONTRACTOR STATES	23. If death wes due to externel causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)  (Stete or country)  Maruland	Accident, sulcide, or homicide?, 19, 19, 19, 19, 19
17. INFORMANT Bessee Woodrow	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Berneuge W. H. /	
18. BURIAL, CREMATION, OR REMOVAL WAS D.C. 3-10- 15-	Manner of injury
Plece agric Lett. Dete 0 = /0 , 1938	Neture of injury
19. UNDERTAKER THE STORE	24. Wes disease or injury in any way releted to occupation of deceased?
(Addiess) When Marloon luck	If so, specify
20. FILED 1935 Pegistrar.	(Signed) Land Court Malla M. D.  (Address) Reconnected the H.
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	and and		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Gallstones	May 1,1923	Gastroenteritis	1

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH pluods Registration Dist. No. Village or City. No. Force St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in fity or town where deeth occurred How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH (Month) (Day) 5a. If merried, widowed, or divorced HUSBAND of CERTIFY. Thet I ettended deceased from (or) WIFE-of-6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than to heve occurred on the dete stated above, at Le-1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of Importence or .... min. Date of onset 8. Trade, profession, or perticular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc ... may back Industry or business in which work wes done, as SILK MILL SAW MILL, BANK, etc.... 10. Date deceased last worked et M. Total time (years) this occupation (month end spent in this occupetion \_\_\_ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) \_\_\_ ( Neme of operation. (State or country) What test confirmed diegnosis? \_\_\_\_\_ Was there en europsy?. MOTHER 15. MAIDEN NAME important. 23. If death wes due to externel causes (VIOLENCE) fill in also the following: E DEATH 16. BIRTHPLACE (city or town) \_\_\_ ( (Stete or country) pe Where did Injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSJRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT OF (Address) 18, BURIAL, CREMATION, OR REMOVAL Menner of injury \_\_\_\_\_ CUSE LION Nature of injury. 24. Was diseese or injury in any way releted to occupation of deceased 19. UNDERTAKER (Address) If so, specify Registrar. (Address) \_. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

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